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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket Number (Optional)</b> 19036/36959																					
	In re Application of      Hiroshi Yamamoto et al.																						
	Application Number 09/719,272-Conf. #7004		Filed May 3, 2001																				
	For      Antibodies Specific for Phosphatase Subunit of LAR																						
	Art Unit      1642	Examiner      Misook Yu																					
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"><tr><td style="width: 15%;"><input type="checkbox"/></td><td style="width: 60%;">One month (37 CFR 1.17(a)(1))</td><td style="width: 10%; text-align: right;">\$</td><td style="width: 15%; border-bottom: 1px solid black;"></td></tr><tr><td><input checked="" type="checkbox"/></td><td>Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$</td><td style="text-align: right;">420.00</td></tr><tr><td><input type="checkbox"/></td><td>Three months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr><tr><td><input type="checkbox"/></td><td>Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr><tr><td><input type="checkbox"/></td><td>Five months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number      13-2855</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the      <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 100px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 100px;"><input type="checkbox"/> attorney or agent of record. Registration Number      _____</p> <p style="margin-left: 100px;"><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)      54,011</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%; text-align: center;"><div style="border-bottom: 1px solid black; margin-bottom: 5px;">August 12, 2004</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">(312) 474-6300</div><div>Date Telephone Number</div></div><div style="width: 45%; text-align: center;"><div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">Kurt T. Buechle</div><div>Signature Typed or printed name</div></div></div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p>				<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$		<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$	420.00	<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$		<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$		<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$	
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<div style="display: flex; align-items: center;"><input style="width: 20px; height: 20px; margin-right: 5px;" type="checkbox"/> Total of      1      forms are submitted.</div>																							

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 12, 2004

Signature:  (Kurt T. Buechle)